



Department of Motor Vehicles
Motor Carrier Services
P.O. Box 27412
Richmond, Virginia 23269-0001

FOR-HIRE INTRASTATE OPERATING AUTHORITY CERTIFICATE OR LICENSE APPLICATION

For DMV Use Only	
Case Number	Assignment Date

CERTIFICATE, LICENSE, PERMIT, DECAL, VEHICLE REGISTRATION DENIAL AND SUSPENSION/REVOCATION REASONS

Chapter 20 or Chapter 21 of Title 46.2 of the Code of Virginia provides that the Virginia Department of Motor Vehicles may, depending on your authority type, for one or more of the following reasons:

- deny your application for an operating authority certificate, license, or permit, decal, vehicle registration, or
 - suspend or revoke an existing operating authority certificate, license, permit, decal, or vehicle registration.
1. Making misstatements or omitting information on your application for an operating authority certificate, license, or permit, decal, or for the registration of your vehicle(s).
 2. Failing to comply with any legal order issued by DMV or:
 - any provision of Chapter 20 or Chapter 21 of Title 46.2 of the Code of Virginia, or
 - any terms, conditions, or restrictions of your certificate, license, or permit.
 3. Failing to comply with zoning or other land use ordinances, regulations, or statutes.
 4. Using deceptive business acts or practices.
 5. Making untruthful, misleading, or deceptive advertisements relating to the business authorized by a certificate, license, or permit that you are applying for or that you hold.
 6. Being found in either a judicial or administrative hearing to have committed fraudulent or deceptive business acts relating to the business authorized by a certificate, license, or permit that you are applying for or that you hold.
 7. Being convicted of any criminal act involving the business authorized by a certificate, license, or permit that you are applying for or that you hold.
 8. Committing any of the following, if you are a self-insured carrier:
 - refusing arbitrarily or unreasonably to pay a claim, or
 - failing to, in good faith, make prompt, fair, and equitable settlements of claims where liability is reasonably clear, or
 - threatening to appeal an arbitration settlement prior to the arbitration hearing to try to get a person to settle a claim, or
 - requiring, for the purpose of delaying an investigation or payment of claims, an insured, claimant, or physician of either to file both a preliminary claim report and a formal proof of loss form when both contain substantially the same information.

9. Improperly leasing, renting, or lending; or allowing improper use of a certificate, license, permit, decal, or vehicle registration.
10. Having been convicted of a felony.
11. Having been convicted of any misdemeanor involving lying, cheating, stealing, or immoral conduct.
12. Failing to pay to DMV any taxes, fees, dues, fines, or penalties owed to DMV.
13. Failing to submit to DMV information, documentation, or records required or requested by statute.
14. Knowingly and willingly filing any false report, account, record, or memorandum.
15. Failing to prove that:
 - there is a need for the service you are applying for, or
 - you are fit to provide the service, or
 - you can meet the required financial responsibility requirements.
16. Willfully altering or changing the appearance or wording of any certificate, license, permit, decal, license plate, or vehicle registration.
17. Failing to provide the services authorized by the certificate, license, or permit.
18. Failing to keep proof of financial responsibility and/or a performance bond on file with DMV.
19. Failing to comply with the Worker's Compensation Act of Title 65.2 of the Code of Virginia.
20. Failing to properly register a motor vehicle under Title 46.2 of the Code of Virginia.
21. Failing to comply with any federal motor carrier statute, rule, or regulation.
22. Failing to comply with any requirements of the Americans with Disabilities Act.
23. Failing to actively maintain your motor carrier business, for example not having a motor vehicle registered under your operating authority certificate or permit for more than three months.

IMPORTANT INFORMATION

Read this important information before you begin filling out this application.

Who should use this application?

Use this application to apply for authority to operate any of the following types of for-hire services in Virginia (see *general descriptions in the Requirements chart*):

Broker - Passenger

Contract Bus

Broker - Property

Contract Passenger

Common Carrier - Irregular Routes

Household Goods

Common Carrier - Regular Routes

Sightseeing

If you want to apply for authority to operate other types of for-hire services in Virginia, contact DMV to obtain an OA142 – *For-Hire Intrastate Operating Authority Permit and/or Decal Application*.

Which authority type to apply for.

The *Requirements* chart contains a general description of each of the above types of authority and general operating requirements. Read the descriptions and requirements to determine which type you should apply for.

The definition of each authority type can be found in the Virginia Code Sections 46.2-2000 and 2100.

How to apply for more than one operating authority type.

If you wish to apply to operate more than one of the above types of for hire services, you must submit a separate application for each one.

What fees are required?

All applicants must pay a \$50 filing fee.

If your application is returned, for any reason, you may be required to pay another \$50 filing fee.

Which sections of the application to complete.

The *Requirements* chart lists by authority type the sections that you must complete. Be sure to fill out each of these sections and be sure to give complete and accurate information.

If you do not complete all of the sections or if you do not give full and complete information, the application will be returned to you and you may be required to pay another \$50 filing fee.

What must be sent with the application.

The *Requirements* chart contains a list of all of the **documents** that must be sent with the application. If you need information on obtaining these documents, contact a Motor Carrier Services Representative (see *Contact Information at bottom of next page*). You are **not** required to send proof of insurance with your application.

You must also submit a driving record for each person listed in Section E of this application who holds a driver's license **not** issued by Virginia. (See Section F *for requirements*.)

Applications received without **all** of the required attachments will be returned to you and you may be required to pay another \$50 filing fee.

What must be sent with the application. (continued)

Surety Bonds

You must file a surety bond if you are applying:

- for an original certificate or license, or
- to change the business name on a certificate or license, or
- for a transfer or sale of a certificate or license.

How to mark your attachments.

You must write the applicable attachment label in the top right corner of each attachment.

Attachment Type	Label
Surety Bond	1
Tariff of freight or passenger rates and any rules, policies, or guidelines imposed by you on the customer (example: no smoking, refund policy, etc.)	2
Time Schedule	3
Additional pages needed to provide all the information requested in any section of the application.	4
Transfer/Sale or Change application only. Copy of license/certificate being transferred/sold or changed.	5
Driving records for all persons listed in Section E who hold driver's licenses from a state other than Virginia. (See Section F for requirements.)	6

Special requirements for Common Carriers -- regular and irregular routes

If you are applying to operate as a common carrier (regular or irregular routes) and your business organization is **not** *Sole Proprietor* or *General Partnership*, you must be registered with the Virginia State Corporation Commission as a *Virginia Public Service Company*.

Business Telephone Requirements

Before a for-hire license or certificate can be issued, you are required to have a telephone that is:

- located at your business' street address, and
- listed in the name of the business (not the trade name or the D/B/A name), and
- published in the business listings section of the telephone book printed for the area where the business' street address is located.

You will receive a request to submit proof of this telephone after your application is processed.

Important – This can **NOT** be a cell phone.

How to submit your application.

Mail your application to the address shown on the cover.

DO NOT fax your application. It will not be accepted.

Important: Keep a copy of your completed application and all attachments for your records and future reference. You may be charged a fee per page if you request a copy from DMV.

CONTACT INFORMATION

Incomplete applications will be returned to you and you may be required to pay another \$50 filing fee.

If you need help completing your application, contact a Motor Carrier Services Representative at:

(866) 878-2582 (Voice) (804) 367-1073 (Fax)

(800) 272-9268 (Deaf And Hearing Impaired Only) mconline@dmv.state.va.us (e-mail)

REQUIREMENTS

This chart contains only a **general description** of each authority type. See VA Code §§ 46.2-2000 and 2100 for definitions.

BROKER - PASSENGER a person who: <ul style="list-style-type: none"> • sells transportation of passengers by companies authorized by the Virginia DMV to transport passengers, and • who is not a <i>motor carrier</i> or an employee or agent of a motor carrier 	OPERATING REQUIREMENTS You can broker transportation of passengers when: <ul style="list-style-type: none"> • the pick up and delivery is in Virginia, and • the transporting carrier is authorized by the Virginia DMV to transport passengers.
APPLICATION REQUIREMENTS <u>Sections of application you must complete.</u> <i>Original Application</i> - A through G , and L through P . <i>Change Application</i> - A through F , L , N and P . <i>Transfer/Sale Application</i> - A through G , I and L through P .	
INSURANCE REQUIREMENTS -- None	
SURETY BOND minimum amount \$25,000	
BROKER - PROPERTY a person who: <ul style="list-style-type: none"> • sells transportation of property by companies authorized by the Virginia DMV to transport property, and • who is not a <i>motor carrier</i> or an employee or agent of a motor carrier 	OPERATING REQUIREMENTS You can broker transportation of property when: <ul style="list-style-type: none"> • the pick up and delivery is in Virginia, and • the transporting carrier is authorized by the Virginia DMV to transport property.
APPLICATION REQUIREMENTS <u>Sections of application you must complete.</u> <i>Original Application</i> - A through G , and L through P . <i>Change Application</i> - A through F , L , N and P . <i>Transfer/Sale Application</i> - A through G , I and L through P .	
INSURANCE REQUIREMENTS -- None	
SURETY BOND minimum amount \$25,000	
COMMON CARRIER - IRREGULAR ROUTE Description: a person who transports the general public for individual fees by motor vehicle over any route(s) in pre-determined areas of Virginia in vehicles designed to carry 15 passengers or less (including the driver)	OPERATING REQUIREMENTS <ul style="list-style-type: none"> • You can only operate vehicles designed to carry 15 passengers or less (including the driver). • You may operate only in the areas of Virginia that will be listed on your certificate. • You must provide your services to the general public.
APPLICATION REQUIREMENTS <u>Sections of application you must complete.</u> <i>Original Application</i> - A through H , K through P . <i>Change Application</i> <ul style="list-style-type: none"> • Changing name of business or business organization – A through F, L, N, and P. • Adding/deleting service area or removing limitation/restriction- A through D, K and P. <i>Transfer/Sale Application</i> <ul style="list-style-type: none"> • already holds this type certificate - A through G, I, K, N and P. • do not hold this type certificate - A through I and K through P. 	
INSURANCE REQUIREMENTS You will be required to have proof of liability insurance filed for the minimum amount listed below. <ul style="list-style-type: none"> • \$350,000 Bodily Injury and Property Damage 1 to 6 passengers (including the driver) • \$1,500,000 Bodily Injury and Property Damage 7 to 15 passengers (including the driver) 	
SURETY BOND minimum amount \$25,000 Must be kept in effect for 3 years from issue date of operating authority certificate.	

COMMON CARRIER - REGULAR ROUTE a person who transports the general public for individual fees by motor vehicle over pre-defined route(s) in Virginia	OPERATING REQUIREMENTS <ul style="list-style-type: none">You must provide your services to the general public.You can operate only on the routes that will be listed on your certificate.	
APPLICATION REQUIREMENTS		
<u>Sections of application you must complete.</u> <i>Original Application - A through H, J, L through P.</i> <i>Change Application</i> <ul style="list-style-type: none">Changing name of business or business organization – A through F, L, N, and P.Adding or deleting route or removing limitation/restriction – A through D, J and P. <i>Transfer/Sale Application</i> <ul style="list-style-type: none">already holds this type certificate - A through G, I, J, N and P.do not hold this type certificate - A through J and L through P.	<u>Items to be submitted with your application.</u> <i>\$50 Filing Fee</i> (This fee is NOT refundable.) All applicants except those adding or deleting route(s) or removing limitations/restrictions <i>Surety Bond</i> (OA435) - To find out if you need to file a bond, see <u>Surety Bond</u> under <u>Important Information</u> in the front of this application. <i>Tariff</i> - All applicants <i>Time Schedule</i> - All applicants <i>Copy of the certificate</i> - applicants for change or transfer/sale	
INSURANCE REQUIREMENTS You will be required to have proof of liability insurance filed for the minimum amount listed below. <ul style="list-style-type: none">\$350,000 Bodily Injury and Property Damage 1 to 6 passengers (including the driver)\$1,500,000 Bodily Injury and Property Damage 7 to 15 passengers (including the driver)\$5,000,000 Bodily Injury and Property Damage 16 or more passengers (including the drive r)		SURETY BOND minimum amount \$25,000 Must be kept in effect for 3 years from issue date of operating authority certificate.
CONTRACT BUS a person who transports groups of passengers under a contract by <i>charter bus</i> for a group fee <i>Charter Bus - a motor vehicle manufactured with a minimum seating capacity of 32 passengers or more, excluding the driver.</i>	OPERATING REQUIREMENTS <ul style="list-style-type: none">You can transport groups of passengers only.The trips must be prearranged under a single contract made with a single person.You must charge one fee for the whole group. You can not charge individual fees.You can not contract for trips that are less than one hour.	
APPLICATION REQUIREMENTS		
<u>Sections of application you must complete.</u> <i>Original Application - A through H, L through P.</i> <i>Change Application</i> - Changing name of business or business organization - A through F, L, N, and P. <i>Transfer/Sale Application - A through I and L through P.</i>	<u>Items to be submitted with your application.</u> <i>\$50 Filing Fee</i> (This fee is NOT refundable.) All applicants. <i>Surety Bond</i> (OA435) - To find out if you need to file a bond, see <u>Surety Bond</u> under <u>Important Information</u> in the front of this application. <i>Copy of the Certificate</i> - applicants for change or transfer/sale	
INSURANCE REQUIREMENTS You will be required to have proof of liability insurance filed for the minimum amount of \$5,000,000 Bodily Injury and Property Damage		SURETY BOND minimum amount \$25,000 Must be kept in effect for 3 years from issue date of operating authority certificate
CONTRACT PASSENGER a person who transports passengers under contract for a group fee from any point or points in Virginia or from a predetermined area(s) in Virginia to any point or points in Virginia	OPERATING REQUIREMENTS <ul style="list-style-type: none">You can transport groups of passengers only.The trips must be prearranged under a single contract made with a single person. It can not be made through a Broker - Passenger.You must charge one fee for the whole group. You can not charge individual fees.You can not contract for trips that are less than one hour.When operating a charter bus, you are not limited to operating from the points of origin that may be listed on your certificate. <i>Definition: Charter Bus - a motor vehicle manufactured with a minimum seating capacity of 32 passengers or more, excluding the driver.</i>	
APPLICATION REQUIREMENTS		
<u>Sections of application you must complete.</u> <i>Original Application - A through H and K through P.</i> <i>Change Application</i> <ul style="list-style-type: none">Changing name of business, or business organization – A through F, L, N, and P.Points of origin or removing limitation/restriction - A through D, K and P. <i>Transfer/Sale Application</i> <ul style="list-style-type: none">already holds this type certificate - A through G, I, K, N and P.do not hold this type certificate - A through I and K through P.	<u>Items to be submitted with your application.</u> <i>\$50 Filing Fee</i> (This fee is NOT refundable.) All applicants except those adding or deleting point(s) of origin or removing limitations/restrictions <i>Surety Bond</i> (OA435) - To find out if you need to file a bond, see <u>Surety Bond</u> under <u>Important Information</u> in the front of this application. <i>Copy of the Certificate</i> - applicants for change or transfer/sale	
INSURANCE REQUIREMENTS You will be required to have proof of liability insurance filed for the minimum amount listed below. <ul style="list-style-type: none">\$350,000 Bodily Injury and Property Damage 1 to 6 passengers (including the driver)\$1,500,000 Bodily Injury and Property Damage 7 to 15 passengers (including the driver)\$5,000,000 Bodily Injury and Property Damage 16 or more passengers (including the driver)		SURETY BOND minimum amount \$25,000 Must be kept in effect for 3 years from issue date of operating authority certificate

<p>HOUSEHOLD GOODS a person who transports only household goods</p> <p><i>Household Goods - personal effects and property used or to be used in a dwelling, when a part of the equipment or supplies of such dwelling, and similar property if the transportation of such effects or property is (i) arranged and paid for by the householder, including transportation of the property from a factory or store when the property is purchased by the householder with intent to use it in his dwelling or (ii) arranged and paid for by another party.</i></p>	<p>OPERATING REQUIREMENTS</p> <ul style="list-style-type: none"> • You are limited to transporting household goods. • You must issue a bill of lading to each customer. • A copy of the bill of lading must be carried when you are transporting the household goods. • You must respond to a written claim of loss or damage in the manner and within the time limits set by Virginia statute.
<p align="center">APPLICATION REQUIREMENTS</p> <p><u>Sections of application you must complete.</u></p> <p><i>Original Application</i> - A through G, L through P. <i>Change Application</i> - Changing name of business, or business organization - A through F, L, N, and P. <i>Transfer/Sale Application</i> - A through G, I, L through P.</p>	
<p align="center">INSURANCE REQUIREMENTS</p> <p>You will be required to have proof of liability insurance filed for the minimum amount listed below.</p> <ul style="list-style-type: none"> • \$750,000 Bodily Injury and Property Damage • \$50,000 Cargo 	<p align="center">SURETY BOND</p> <p align="center">minimum amount \$50,000 Must be kept in effect for 5 years from issue date of operating authority certificate</p>
<p>SIGHTSEEING a person who transports the general public primarily for the passengers' experience and enjoyment and/or to promote tourism</p>	<p>OPERATING REQUIREMENTS</p> <ul style="list-style-type: none"> • You must provide your services to the general public. • You can only operate round trip from the point or points of origin, over the routes, and to the point(s) of interest listed on your certificate. • You must issue a ticket to each passenger. • You must transport passengers on a round-trip basis with no overnight stopovers.
<p align="center">APPLICATION REQUIREMENTS</p> <p><u>Sections of application you must complete.</u></p> <p><i>Original Application</i> - A through H, J, and L through P. <i>Change Application</i></p> <ul style="list-style-type: none"> • Changing name of business or business organization – A through F, L, N, and P. • Adding or deleting route or removing limitation/restriction – A through D, and J and P. <p><i>Transfer/Sale Application</i></p> <ul style="list-style-type: none"> • already hold this type certificate - A through G, I, J, N and P. • do not hold this type certificate - A through I, J, L through P. 	
<p align="center">INSURANCE REQUIREMENTS</p> <p>You will be required to have proof of liability insurance filed for the minimum amount listed below.</p> <ul style="list-style-type: none"> • \$350,000 Bodily Injury and Property Damage 1 to 6 passengers (including the driver) • \$1,500,000 Bodily Injury and Property Damage 7 to 15 passengers (including the driver) • \$5,000,000 Bodily Injury and Property Damage 16 or more passengers (including the driver) 	<p align="center">SURETY BOND</p> <p align="center">minimum amount \$25,000 Must be kept in effect for 3 years from issue date of operating authority certificate</p>

FOR-HIRE INTRASTATE OPERATING AUTHORITY CERTIFICATE OR LICENSE APPLICATION

PLEASE PRINT OR TYPE

APPLICATION TYPE: ☐ Original ☐ Change ☐ Transfer/Sale
A AUTHORITY TYPE INFORMATION You must submit a **separate** application for each authority type for which you are applying.
 Check the applicable box for the type operating authority you are applying for. **(See the previous pages for general descriptions of authority types.)**
 If your authority type is **not** listed below, contact DMV to obtain a *For-Hire Intrastate Operating Authority Permit and Decal Application* (OA142M).

- | | |
|---|---|
| <input type="checkbox"/> Broker - Passenger | <input type="checkbox"/> Contract Bus |
| <input type="checkbox"/> Broker - Property | <input type="checkbox"/> Contract Passenger |
| <input type="checkbox"/> Common Carrier - Irregular Route | <input type="checkbox"/> Household Goods |
| <input type="checkbox"/> Common Carrier - Regular Route | <input type="checkbox"/> Sightseeing |

 Have you ever or do you currently provide this type of service in any other state(s)? ☐ Yes ☐ No

If you checked Yes, list the state(s)?

B APPLICANT INFORMATION
 Business Name *(If your business type is Individual, give your full legal name.)*

 Trade Name or Doing Business As *(if different from Business Name)*

 Social Security Number/Federal Employment Identification Number **(REQUIRED)**
C BUSINESS ADDRESS INFORMATION

Street Address <i>(do not give P.O. box)</i>		City	State	Zip Code
County <i>(if Virginia address)</i>	Telephone Number ❖ ()	Fax Number ()	e-mail Address	
Mailing Address <i>(if different from above)</i>		City	State	Zip Code

 ❖ See the **Business Telephone Requirements** under *Important Information* in the front of this application.
D CONTACT PERSON INFORMATION

Contact Person		Title	
Telephone Number ()	Fax Number ()	e-mail Address	

E BUSINESS ORGANIZATION INFORMATION

1. Check the box that describes the organization of your business.

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Other <i>(Specify)</i> | | |

 2. Provide the information requested below: *(Attach additional pages if needed.)*

<u>Corporation</u> all corporate officers	<u>Partnership</u> all partners	<u>All Others</u> <i>(except Individual)</i> all general partners or managers
Full Legal Name	Title	
Full Legal Name	Title	
Full Legal Name	Title	
Full Legal Name	Title	
Full Legal Name	Title	

F DRIVING RECORD REQUIREMENTS

IMPORTANT: If **any** of the persons you listed in Section E holds a driver's license issued by another state, you **must** enclose a **current** copy of the persons' driving record from that state with this application. The record must be a **certified** copy.

Virginia law requires DMV to determine if persons applying for operating authority are fit to provide the service. The information in these driving records and from the Virginia driving records of the other persons in Section E is just one of tools that we use to help determine fitness.

G LICENSE/CERTIFICATE INFORMATION *Attach additional page(s) if needed.*

1. Does your business hold any other Virginia Operating Authority certificate, license, or permit?			
<input type="checkbox"/> Yes If you checked YES, list the authority type and certificate/license number(s) below. <input type="checkbox"/> No			
Authority Type	Certificate, License, or Permit Number	Authority Type	Certificate, License, or Permit Number
2. Does your business have an IFTA or an IRP account?			
<input type="checkbox"/> Yes If you checked YES, list the license number(s) and base state(s) below. <input type="checkbox"/> No			
IFTA License Number	Base State	IRP License Number	Base State
3. Has your business or any official of the business had any type of local, state, or federal certificate or license denied, suspended, or revoked?			
<input type="checkbox"/> Yes If you checked YES, list the certificate/license type and number below. <input type="checkbox"/> No			
Certificate/License Type	Certificate/License Number	Certificate/License was: (Check applicable box.)	Reason
		<input type="checkbox"/> Denied <input type="checkbox"/> Suspended/Revoked	
		<input type="checkbox"/> Denied <input type="checkbox"/> Suspended/Revoked	

H ZONING COMPLIANCE VERIFICATION

Business Name (must match Business Name you gave in Section B)			
Street Address (must match Street Address you gave in Section B)		City	State
			Zip Code
THE FOLLOWING INFORMATION MUST BE COMPLETED BY ZONING OFFICIAL			
Virginia Code requires that the primary business location of the above named applicant must be in compliance with local zoning regulations before this application can be processed by DMV. Please provide all of the following information for the address listed above.			
Tax Map Number	Lot Number	Section	Zoning Designation
I verify that the business location listed above is in compliance with the zoning ordinances of this city/county.			
Zoning Official's Name (<i>please print</i>)		Telephone Number ()	e-mail Address
Zoning Official's Signature			Date

I TRANSFER/SALE INFORMATION *For Transfer/Sale applicants ONLY. Provide information on current certificate/license holder.*

Name of Current Certificate/License Holder		SSN/FEIN		Certificate/License Number
Business Mailing Address			Telephone Number ()	
City	State	Zip Code	Fax Number ()	
Name of Contact Person			Telephone Number ()	
Current Certificate/License Holder or Authorized Representative MUST complete the following:				
Are you selling all of the business to the applicant named in Section B of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify that I currently hold a valid Virginia operating authority certificate or license and that I have agreed to transfer/sell the certificate/license to the applicant named in Section B of this application. I further certify that all the information provided in the <i>Transfer/Sale Information</i> section of this application is true and correct.				
Full Name of Current Certificate/License Holder or Authorized Representative (<i>please print</i>)			Title	
Signature of Current Certificate/License Holder or Authorized Representative			Date	

J VIRGINIA TRAVEL INFORMATION Do not give travel information for any other state. (Attach additional page(s) if needed.)

Check the applicable box and follow the instructions given.

Note: For *Change Applications*, list **only** new or amended trip information or information on trips you wish deleted.

- ☐ **Common Carrier - Regular Route** -- List the name of the location and address in the Virginia city or county where your trips will begin and end, and **each and every** street, road, etc. that you travel during each trip.

Example: Trip 7 - Start from Four Mile Mall north parking lot at 410 Four Mile Rd. in Alexandria, travel northwest 3 blocks and turn left onto Milan Dr., travel 4 blocks and turn right onto W. Glebe Rd, travel 7 blocks and turn left onto Valley Dr., travel 10 blocks to I-395 South, travel 6 miles to I-95 South, travel 93.4 miles to Boulevard exit in Richmond city, turn right onto Boulevard, travel 6 blocks to end of trip 1234 Boulevard in Richmond City.

- ☐ **Sight Seeing** -- List the name of the location and address in the Virginia city or county where your trips will begin and end (*they must begin and end at the same place*), **each and every** street, road, etc. that you travel during each trip, and **each** of the points of interest.

Example: Plantation Tour - Leave TJ's parking lot at 123 Main St. in Williamsburg; 3 blocks to Route 5, West; 2.1 miles to Route 31, South; .2 miles to Route 199, West; .4 mile to Route 5, West; 5.5 miles to Sherwood Forest Plantation (point of interest); 3.7 miles to Berkley Plantation (point of interest); 11.8 miles to Shirley Plantation (point of interest); return to Williamsburg by same route.

K TRAVEL JURISDICTIONS For **Common Carrier - Irregular Route** and **Contract Passenger** applicants ONLY

Note: For **Change Applications**, check only the cities and counties you want to add or delete to/from your current certificate.

Common Carrier - Irregular Route -- Check the box next to **EACH** city and county you plan to travel through. Do not leave out any. If the cities/counties you check do not connect one to another, your application will be returned.

For example, if you plan to travel from Charlottesville to Petersburg you would check the following cities and counties if you were traveling on routes I 64 and I 95: *Charlottesville City, Albemarle County, Fluvanna County, Louisa County, Goochland County, Henrico County, Richmond City, Chesterfield County, Hopewell City, Colonial Heights City, and Petersburg City.*

Contract Passenger -- Check the box next to **EACH** city and county where your trips will begin.

☐ Check here if you are applying to travel statewide. (You do not have to check the jurisdictions below.)

CITIES		COUNTIES			
<input type="checkbox"/> Alexandria	<input type="checkbox"/> Manassas	<input type="checkbox"/> Accomack	<input type="checkbox"/> Cumberland	<input type="checkbox"/> King George	<input type="checkbox"/> Prince William
<input type="checkbox"/> Bedford	<input type="checkbox"/> Manassas Park	<input type="checkbox"/> Albemarle	<input type="checkbox"/> Dickenson	<input type="checkbox"/> King William	<input type="checkbox"/> Pulaski
<input type="checkbox"/> Bristol	<input type="checkbox"/> Martinsville	<input type="checkbox"/> Alleghany	<input type="checkbox"/> Dinwiddie	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Rappahannock
<input type="checkbox"/> Buena Vista	<input type="checkbox"/> Newport News	<input type="checkbox"/> Amelia	<input type="checkbox"/> Essex	<input type="checkbox"/> Lee	<input type="checkbox"/> Richmond
<input type="checkbox"/> Charlottesville	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Amherst	<input type="checkbox"/> Fairfax	<input type="checkbox"/> Loudoun	<input type="checkbox"/> Roanoke
<input type="checkbox"/> Chesapeake	<input type="checkbox"/> Norton	<input type="checkbox"/> Appomattox	<input type="checkbox"/> Fauquier	<input type="checkbox"/> Louisa	<input type="checkbox"/> Rockbridge
<input type="checkbox"/> Clifton Forge	<input type="checkbox"/> Petersburg	<input type="checkbox"/> Arlington	<input type="checkbox"/> Floyd	<input type="checkbox"/> Lunenburg	<input type="checkbox"/> Rockingham
<input type="checkbox"/> Colonial Heights	<input type="checkbox"/> Poquoson	<input type="checkbox"/> Augusta	<input type="checkbox"/> Fluvanna	<input type="checkbox"/> Madison	<input type="checkbox"/> Russell
<input type="checkbox"/> Covington	<input type="checkbox"/> Portsmouth	<input type="checkbox"/> Bath	<input type="checkbox"/> Franklin	<input type="checkbox"/> Mathews	<input type="checkbox"/> Scott
<input type="checkbox"/> Danville	<input type="checkbox"/> Radford	<input type="checkbox"/> Bedford	<input type="checkbox"/> Frederick	<input type="checkbox"/> Mecklenburg	<input type="checkbox"/> Shenandoah
<input type="checkbox"/> Emporia	<input type="checkbox"/> Richmond	<input type="checkbox"/> Bland	<input type="checkbox"/> Giles	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Smyth
<input type="checkbox"/> Fairfax	<input type="checkbox"/> Roanoke	<input type="checkbox"/> Botetourt	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Southampton
<input type="checkbox"/> Falls Church	<input type="checkbox"/> Salem	<input type="checkbox"/> Brunswick	<input type="checkbox"/> Goochland	<input type="checkbox"/> Nelson	<input type="checkbox"/> Spotsylvania
<input type="checkbox"/> Franklin	<input type="checkbox"/> South Boston	<input type="checkbox"/> Buchanan	<input type="checkbox"/> Grayson	<input type="checkbox"/> New Kent	<input type="checkbox"/> Stafford
<input type="checkbox"/> Fredericksburg	<input type="checkbox"/> Staunton	<input type="checkbox"/> Buckingham	<input type="checkbox"/> Greene	<input type="checkbox"/> Northampton	<input type="checkbox"/> Surry
<input type="checkbox"/> Galax	<input type="checkbox"/> Suffolk	<input type="checkbox"/> Campbell	<input type="checkbox"/> Greenville	<input type="checkbox"/> Northumberland	<input type="checkbox"/> Sussex
<input type="checkbox"/> Hampton	<input type="checkbox"/> Virginia Beach	<input type="checkbox"/> Caroline	<input type="checkbox"/> Halifax	<input type="checkbox"/> Nottoway	<input type="checkbox"/> Tazewell
<input type="checkbox"/> Harrisonburg	<input type="checkbox"/> Waynesboro	<input type="checkbox"/> Carroll	<input type="checkbox"/> Hanover	<input type="checkbox"/> Orange	<input type="checkbox"/> Warren
<input type="checkbox"/> Hopewell	<input type="checkbox"/> Williamsburg	<input type="checkbox"/> Charles City	<input type="checkbox"/> Henrico	<input type="checkbox"/> Page	<input type="checkbox"/> Washington
<input type="checkbox"/> Lexington	<input type="checkbox"/> Winchester	<input type="checkbox"/> Charlotte	<input type="checkbox"/> Henry	<input type="checkbox"/> Patrick	<input type="checkbox"/> Westmoreland
<input type="checkbox"/> Lynchburg		<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Highland	<input type="checkbox"/> Pittsylvania	<input type="checkbox"/> Wise
		<input type="checkbox"/> Clarke	<input type="checkbox"/> Isle of Wight	<input type="checkbox"/> Powhatan	<input type="checkbox"/> Wythe
		<input type="checkbox"/> Craig	<input type="checkbox"/> James City	<input type="checkbox"/> Prince Edward	<input type="checkbox"/> York
		<input type="checkbox"/> Culpeper	<input type="checkbox"/> King and Queen	<input type="checkbox"/> Prince George	

L INFORMATION RELEASE AUTHORIZATION

If additional releases are needed, use spaces on next page and/or a photocopy of this page. The photocopy MUST also be notarized. **Individuals:** Submit an authorization for yourself.

Corporations, Partnerships, and All Others: Submit authorization for **EACH** person listed in Section E.

(You may be asked to provide authorization for other company officials.)

Business Name *(Must be same as name given in Section B.)*

Trade Name or Doing Business As *(if different from Business Name)*

I/we the undersigned, hereby authorize and request the release of any information you have concerning me or my company to any agent or representative of the Virginia Department of Motor Vehicles (DMV), or the Virginia Department of State Police who presents this release. This authorization is given for a background check as a result of an application to DMV's Motor Carrier Services to obtain an operating authority certificate. I further give consent to the release of the results of my Virginia Criminal History check to the Virginia Department of Motor Vehicles.

BUSINESS OFFICIAL COMPLETE THIS SECTION	Name of Business Official <i>(last)</i> <i>(first)</i> <i>(middle)</i>			Title		
	Date of Birth		Social Security Number <i>(Do not list company FEIN.)</i>		Driver's License Number	Issuing State
	Sex	Race	Place of Birth <i>(county or city)</i>		Place of Birth <i>(state or country)</i>	
	Personal Residential Address				Telephone Number ()	
	City			State	Zip Code	
	Signature				Date	
NOTARY PUBLIC COMPLETE THIS SECTION	Commonwealth of Virginia, city or county of _____ subscribed and sworn before me on this _____ day of _____, _____ Month Year					
	by _____ in the city or county and state aforesaid.					
	Notary Public's Signature _____					
	Notary Public's Name <i>(please print name)</i> _____					
	My commission expires _____					

BUSINESS OFFICIAL COMPLETE THIS SECTION	Name of Business Official <i>(last)</i> <i>(first)</i> <i>(middle)</i>			Title		
	Date of Birth		Social Security Number <i>(Do not list company FEIN.)</i>		Driver's License Number	Issuing State
	Sex	Race	Place of Birth <i>(county or city)</i>		Place of Birth <i>(state or country)</i>	
	Personal Residential Address				Telephone Number ()	
	City			State	Zip Code	
	Signature				Date	
NOTARY PUBLIC COMPLETE THIS SECTION	Commonwealth of Virginia, city or county of _____ subscribed and sworn before me on this _____ day of _____, _____ Month Year					
	by _____ in the city or county and state aforesaid.					
	Notary Public's Signature _____					
	Notary Public's Name <i>(please print name)</i> _____					
	My commission expires _____					

This information will be used **ONLY** for the purpose of conducting a background check and will not be released for any other reason. Failure to provide this information could result in the denial of the document for which you are applying.

L INFORMATION RELEASE AUTHORIZATION - CONTINUED

If additional releases are needed, use spaces on next page and/or a photocopy of this page. The photocopy MUST also be notarized. **Individuals:** Submit an authorization for yourself.

Corporations, Partnerships, and All Others: Submit authorization for **EACH** person listed in Section E.

(You may be asked to provide authorization for other company officials.)

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BUSINESS OFFICIAL COMPLETE THIS SECTION	Name of Business Official <i>(last)</i> <i>(first)</i> <i>(middle)</i>			Title		
	Date of Birth		Social Security Number <i>(Do not list company FEIN.)</i>		Driver's License Number	Issuing State
	Sex	Race	Place of Birth <i>(county or city)</i>		Place of Birth <i>(state or country)</i>	
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	City			State	Zip Code	
	Signature				Date	
NOTARY PUBLIC COMPLETE THIS SECTION	Commonwealth of Virginia, city or county of _____ subscribed and sworn before me on this _____ day of _____, _____ Month Year					
	by _____ in the city or county and state aforesaid.					
	Notary Public's Signature _____					
	Notary Public's Name <i>(please print name)</i> _____					
	My commission expires _____					

BUSINESS OFFICIAL COMPLETE THIS SECTION	Name of Business Official <i>(last)</i> <i>(first)</i> <i>(middle)</i>			Title		
	Date of Birth		Social Security Number <i>(Do not list company FEIN.)</i>		Driver's License Number	Issuing State
	Sex	Race	Place of Birth <i>(county or city)</i>		Place of Birth <i>(state or country)</i>	
	Personal Residential Address				Telephone Number ()	
	City			State	Zip Code	
	Signature				Date	
NOTARY PUBLIC COMPLETE THIS SECTION	Commonwealth of Virginia, city or county of _____ subscribed and sworn before me on this _____ day of _____, _____ Month Year					
	by _____ in the city or county and state aforesaid.					
	Notary Public's Signature _____					
	Notary Public's Name <i>(please print name)</i> _____					
	My commission expires _____					

This information will be used **ONLY** for the purpose of conducting a background check and will not be released for any other reason. Failure to provide this information could result in the denial of the document for which you are applying.

M OPERATION INFORMATION Provide FULL details when answering these questions.

Virginia law requires persons applying for operating authority to **prove** that there is a public need for the service in the area where they wish to operate **and** that they are qualified to provide the service. These questions are designed to help you prove *need and qualification*.

Check all applicable boxes. For questions that require a written answer, use a separate page. **Write the question number next to the answer.**

In addition to answering these questions, you **need** to provide all other information and any documents (*such as letters of support*) you have that will help you prove there is a need for the service you are applying for and that you are qualified to provide that service.

ALL APPLICANTS ANSWER ALL OF THESE QUESTIONS

1. What experience do you have with the type of operating authority service for which you are applying?
2. What jobs have you had that would help you in providing these services?
3. What steps did you take to help you determine that you want to operate this type of service?
4. How many other companies are providing this same type service in each of the areas you plan to operate?
5. Is this a ☐ new business or are you ☐ expanding an existing business? If you are expanding, how long have you been in business?
6. How many persons do you plan to hire when you begin operating and what will be their positions and responsibilities?
7. Will you require your employees to be tested for alcohol and/or drug use? ☐ Yes ☐ No If you checked Yes, how often?
8. Will you require potential employees to provide work experience and personal references? ☐ Yes ☐ No If you checked Yes, will you contact the references?
9. Will you conduct a criminal background check on all of your employees? ☐ Yes ☐ No

ALL APPLICANTS EXCEPT BROKERS ANSWER THESE QUESTIONS

10. How many vehicles do you plan to have in service when you begin operating?
11. Do you have a vehicle maintenance plan? ☐ Yes ☐ No If you checked Yes, please describe the plan.
12. Will you require your employees to take driver training? ☐ Yes ☐ No If you checked Yes, which program and how often?
13. If you will operate commercial vehicles, how will you determine if your drivers have the correct type licenses?
14. What criteria will you use to determine if your employees are safe drivers?
15. Will you have your insurance company review the driving records of drivers you will consider hiring? ☐ Yes ☐ No If you checked No, why?
16. Will you require driver applicants to take a road test with one of your experienced drivers? ☐ Yes ☐ No
17. Will you require newly hired drivers to operate under the direct supervision of an experienced driver? ☐ Yes ☐ No If you checked Yes, for how long?
18. Will you monitor your employees' driving records? ☐ Yes ☐ No If you checked Yes, how?
19. What steps will you take if a driver is convicted of a traffic violation or is involved in an accident?
20. Will you have a full-time safety manager? ☐ Yes ☐ No
21. Will you hold regular meetings to review safety issues, materials, and information? ☐ Yes ☐ No If you checked Yes, how often?
22. Will you require your drivers to know CPR? ☐ Yes ☐ No If you checked Yes, how will you verify this?
23. Will you require your drivers to be trained to transport disabled persons? ☐ Yes ☐ No If Yes, how will you verify the training?

ALL APPLICANTS EXCEPT CONTRACT BUS AND BROKERS ANSWER THESE QUESTIONS

24. What have you done to determine that these services are needed in **EACH** of the areas where you wish to operate?
25. How will your service be different from the same type service being offered by other carriers in **EACH** of the areas where you wish to operate?
26. How will your service benefit the areas in which you wish to operate?

HOUSEHOLD GOODS APPLICANTS ONLY ANSWER THIS QUESTION

27. Do you plan to store goods as a service for your customers? ☐ Yes ☐ No If you checked Yes, where will the goods be stored?

N FILING FEE

You must pay a \$50 filing fee.

This fee is not refundable.

If this application must be returned to you, for any reason, you may be required to pay another \$50 filing fee.

Check to indicate how paying:

- ☐ Check -- made payable to DMV
☐ Money Order -- made payable to DMV
☐ Credit Card -- complete the credit card information below.

Name Appearing On Credit Card		Daytime Telephone Number ()	
Card Number		Date Card Expires	
I Hereby Authorize DMV To Charge The Credit Card Account Listed above.			
Print Card Holder's Name	Card Holder's Signature		Date

O RENEWAL MONTH INFORMATION *You will be required to renew your for-hire authority annually.*

Please list the month in which you would like to renew.

NOTE: The months of June and December are not available.

Renewal Month

P CERTIFICATION

I certify that I will comply with all of the applicable provisions of the Code of Virginia, Title 46.2, and with all applicable requirements prescribed by the Virginia Department of Motor Vehicles. I affirm that all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied and that I am in compliance with the Worker's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements. I further affirm that I have read this application and know its contents, and that all of the information herein is true and accurate. I understand that it is unlawful to knowingly make a false statement on this application and that any violation may be prosecuted as a Class 5 felony (§§18.2-434 and 46.2-105) and I understand that any Virginia Operating Authority certificate or license issued to me can be suspended and revoked if any of the information in this application is found to be untrue or inaccurate.

Full Name of Business

Applicant or Authorized Representative's Name (please print)

Applicant or Authorized Representative's Title

Applicant or Authorized Representative's Signature

Date

DRIVER MONITORING PROGRAM

If you join DMV's Automated Driver Monitoring Program we will automatically send you a copy of the Virginia motor vehicle record of any driver who is convicted of driving while intoxicated or reckless driving or who is issued an order of suspension, revocation, or disqualification.

If you would like more information on this program, contact a Motor Carrier Services Representative. See **Contact Information** on the *Important Information* page in the front of this application.